



**EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT
(MUST PRESENT PHOTO ID AT TIME OF SERVICE)**

PATIENT NAME: _____

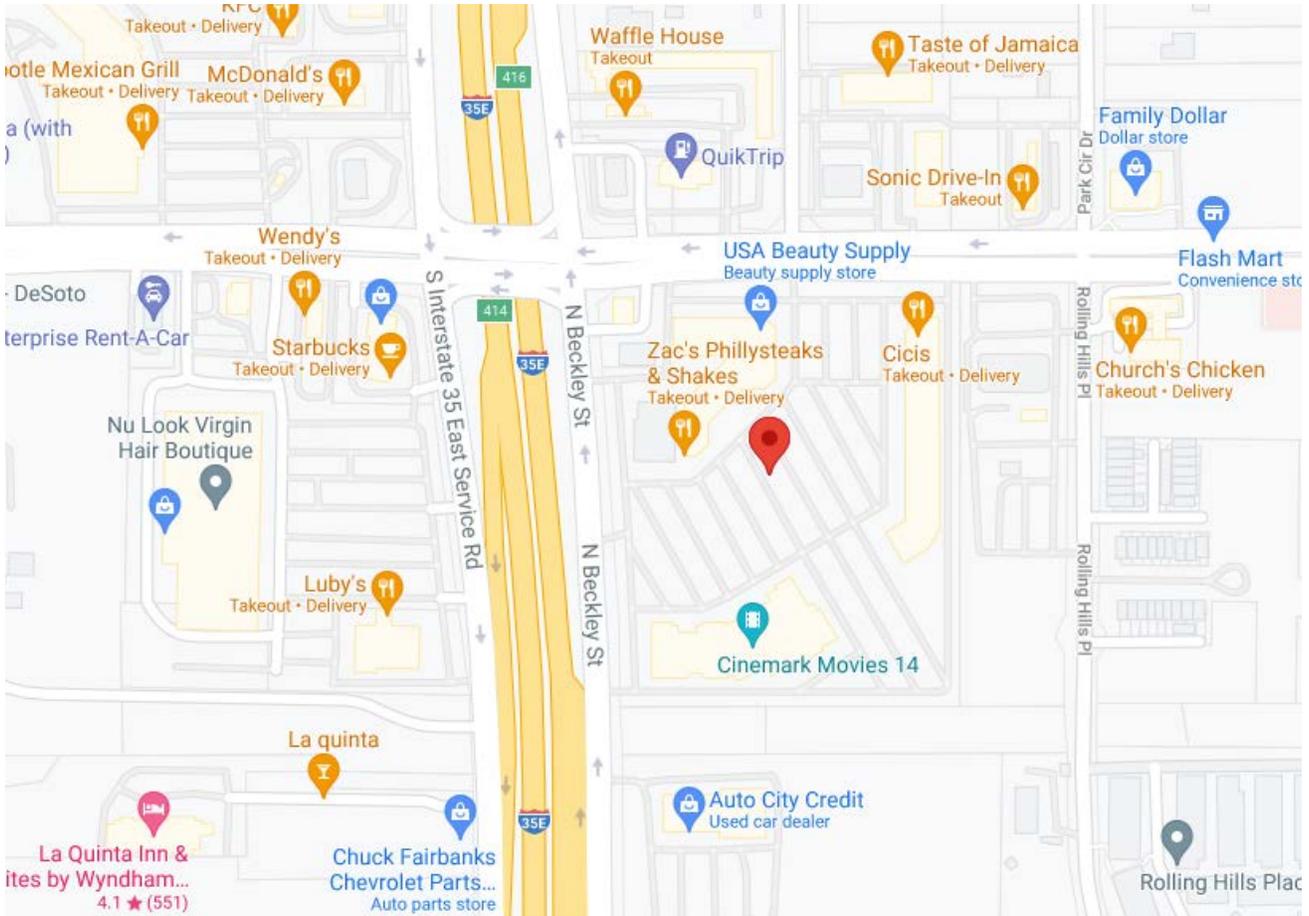
SSN/ ID#: _____

COMPANY NAME: _____

DATE OF BIRTH: _____

<p>REASON FOR TEST</p> <p><input type="checkbox"/> Pre-employment <input type="checkbox"/> Post Accident</p> <p><input type="checkbox"/> Random <input type="checkbox"/> Follow-up</p> <p><input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return to Duty</p> <p>SUBSTANCE ABUSE TESTING</p> <p><input type="checkbox"/> DOT Drug Screen <input type="checkbox"/> 10 Panel/ Rapid Screen</p> <p><input type="checkbox"/> Non-DOT Drug Screen <input type="checkbox"/> 5 Panel/ Rapid Screen</p> <p><input type="checkbox"/> Hair Drug Test</p>	<p>PHYSICAL EXAMINATIONS</p> <p><input type="checkbox"/> DOT Physical (Does not include DOT drug screen)</p> <p><input type="checkbox"/> Pre- placement Physical (Does not include drug screen)</p> <p><input type="checkbox"/> Respirator Physical <input type="checkbox"/> Return to work</p> <p><input type="checkbox"/> Audiogram with exam <input type="checkbox"/> Medical Surveillances Exam</p> <p><input type="checkbox"/> Immigration Exam <input type="checkbox"/> Fit for Duty</p> <p><input type="checkbox"/> Pulmonary Function Test</p> <p><input type="checkbox"/> Other: _____</p>
<p>BILLING</p> <p><input type="checkbox"/> Bill company for services</p> <p><input type="checkbox"/> Employee to pay at time of service</p> <p><input type="checkbox"/> Bill Workers' Compensation Carrier</p> <p>Carrier: _____</p> <p>Address: _____</p> <p>Phone #: _____</p> <p>Claim#: _____</p>	<p>Authorized By: _____</p> <p>Signature: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Contact Phone: _____</p> <p>Company Fax: _____</p> <p>Company Email: _____</p>

**E-FAX IN ADVANCE TO 855-651-0605
OR SEND WITH EMPLOYEE**



Hours of Operations

Monday	9:00 am to 4:00 pm
Tuesday	9:00 am to 4:00 pm
Wednesday	9:00 am to 4:00 pm
Thursday	9:00 am to 4:00 pm
Friday	9:00 am to 4:00 pm

Walk-ins Welcome • No Appointment Necessary • Free Transportation • Minimal Wait Times